



DUI Alcohol or Drug Use Risk Reduction Program Director **Application Checklist**

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- ☐ All applicants must sign the Statement of Completion at the bottom of this page and include with the application.
- ☐ All applicants are required to complete all sections of the application.
- ☐ All applicants must undergo a fingerprint-based background check as designated by the Department of Driver Services. Instructions will be forthcoming after the application is received.
- ☐ All applicants must submit a notarized Consent for Background Investigation Form. (Form # RC-900)
- ☐ Submit (1) photograph taken within 30 days of application submission.
- ☐ If you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a Motor Vehicle Report (MVR) from each state in which you were licensed.
- ☐ Submit a notarized letter, signed and dated, from the risk reduction program owner, appointing the applicant as program director.
- ☐ Submit a certificate of completion, or a letter from the owner or director, verifying completion of the 20-hour intervention component of the risk reduction program .

Education Requirements/Employment Verification

- ☐ Submit a copy of an official college transcript awarding an undergraduate or graduate degree in education, the social sciences, counseling, law, business or related field.
- OR**
- ☐ Submit a copy of a high school diploma or GED equivalent. **AND**
- ☐ Submit documentation of at least two years of relevant work experience detailing at least 20 or more hours per week, paid work experience in alcohol and drug prevention and intervention education, substance abuse counseling, operation or management of a service-oriented business or teaching adolescents or adults. Documentation of relevant work experience must be on company letterhead, signed by a person of authority. The documentation must include dates worked, duties performed, subjects or programs taught, and hours per week worked.

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents which are required to be attached, for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed.

Printed Name

Legal Signature

Date

Please submit application and all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division
2206 East View Parkway
Conyers, GA 30013

An application drop box is also available at the entrance of the Conyers Customer Service Center.



DUI Alcohol or Drug Use Risk Reduction Program Director Application

SECTION 1: Applicant Information

Last Name		First Name		Middle Name	Suffix
Date of Birth		Driver's License #		State of Issuance	Social Security #
Home Address		City	County	State	Zip Code
Mailing Address	<input type="checkbox"/> Same as above	City	County	State	Zip Code
Home Phone Number		Cell Phone Number		Work Phone Number	
Email Address					

- ☐ **I would prefer all correspondence be mailed to the mailing address above.**
Unless the box is checked, all correspondence will be e-mailed to the e-mail address provided.

- 1.1** Have you been fingerprinted within the past six (6) months for any other DDS program (i.e. driver improvement, driver training)?
☐ Yes ☐ No

1.1.1 If you answered "Yes" to question 1.1, indicate in the space provided below the program(s) for which you were fingerprinted and the date(s).

Program(s)	Date(s)
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- 1.2** Are you currently, or have you ever been, certified as a risk reduction program owner, director or instructor in the state of Georgia?
☐ Yes ☐ No

1.2.1 If you answered "Yes" to question 1.2, list your certification number or the program name(s):

- 1.3** Are you currently, or have you ever been, certified by the Department of Driver Services, as a driver improvement or driver training owner or instructor, or an ignition interlock operator, or an alcohol and drug awareness (ADAP) instructor?
☐ Yes ☐ No

1.3.1 If you answered "Yes" to question 1.3, indicate your certification type(s) and certification number(s):

- 1.4** List the name of the risk reduction program where you will be employed as director:



SECTION 2: Applicant Qualifications

2.1 Are you a United States citizen?

☐ Yes ☐ No

2.1.1 If you answered "No" to question 2.1, are you legally present in the United States?

☐ Yes ☐ No

NOTE: *Acceptable proof of citizenship or lawful presence may be required.*

2.2. Are you currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?

☐ Yes ☐ No

2.3 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?

☐ Yes ☐ No

2.4 Are you currently employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?

☐ Yes ☐ No

2.5 Do you have a spouse that is employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?

☐ Yes ☐ No

2.6 Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?

☐ Yes ☐ No

2.7 Are you at least 21 years of age?

☐ Yes ☐ No

SECTION 3: Criminal History

3.1 Have you ever been convicted of or plead guilty or *nolo contendere* to any crime which constitutes a felony in this or any other state?

☐ Yes ☐ No

3.2 Have you been convicted of or plead guilty or *nolo contendere* to any misdemeanor involving fraud, dishonesty, or deceit within the ten (10) year period preceding the date of this application in this or any other state?

☐ Yes ☐ No

3.3 Have you been convicted of or plead guilty or *nolo contendere* to any other misdemeanor, including driving under the influence, within the five (5) year period preceding the date of this application in this or any other state?

☐ Yes ☐ No

3.4 Are you currently on probation for any criminal offense in this or any other state?

☐ Yes ☐ No



3.4.1 If you answered “Yes” to question 3.4, give the nature of probation in the area below.

Offense	State and County	Date

Offense	State and County	Date

3.5 Are there any criminal charges currently pending against you?

☐ Yes ☐ No

3.5.1 If you answered “Yes” to question 3.5, provide the nature of the charges below.

Charge	State and County	Date

Charge	State and County	Date

3.6 In the space provided below, please list your complete criminal history for the previous ten (10) years, including charges that were dismissed, nolle prossed, or no-billed.

Offense	State and County	Date	Disposition

Offense	State and County	Date	Disposition

Offense	State and County	Date	Disposition

Offense	State and County	Date	Disposition

3.7 Have you received a pardon for any of the offenses listed in question 3.6 above?

☐ Yes ☐ No

3.7.1 If you answered “Yes” to question 3.7, attach a copy of the pardon.

SECTION 4: Driving History

4.1 Do you currently possess a valid driver’s license?

☐ Yes ☐ No

4.2 In the area provided below, list your driver’s license information for the past five (5) years, including any previous states.

Driver’s License Number	State	Expiration Date	Years Licensed in State

4.3 Is your driver’s license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?

☐ Yes ☐ No



4.4 Are there any *pending* cancellations, suspensions, or revocations against your driver’s license?
☐ Yes ☐ No

4.5 Has your driver’s license been cancelled, suspended, or revoked within the past five (5) years?
☐ Yes ☐ No

4.5.1 If you answered “Yes” to question 4.5, list the state(s) that revoked, suspended, cancelled, or denied your driver’s license and the reason(s).

State	Reason	Date

4.6 In the space provided below, list your complete driver’s history for the previous five (5) years, including pleas of *nolo contendere*.

Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition

4.7 Are there any traffic charges currently pending against you?
☐ Yes ☐ No

4.7.1 If you answered “Yes” to question 4.7, provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

SECTION 5: Educational Experience

Name of High School	City/State	Diploma Obtained?	GED?	Date Obtained
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Name of College/University	City/State	Degree Obtained?	Major Field of Study	Dates Attended
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		



SECTION 6: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

Furthermore, I will maintain the confidentiality of all program records including, but not limited to: assessment results and other program components. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will maintain and submit all reports and information as specified in the DDS rules and regulations, and operations guidelines, and will allow the examination and audit of the books, records, and financial statements of the risk reduction program by the Department of Driver Services.

I hereby authorize the release to DDS of any information necessary for the determination of my application for director certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Legal Signature

Date

Sworn to and subscribed before me

this ____ day of _____ 20 ____.

(SEAL)

Notary

Georgia Department of Driver Services
Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013

CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

APPLICANT TYPE: (OFFICE USE ONLY)

<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> Chauffeur			

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) <div style="text-align: center;">/ /</div>
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? <div style="text-align: center;">Yes No</div>	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? ☐ Yes ☐ No

Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? ☐ Yes ☐ No

If you are now charged, under indictment, or have court hearings pending for any charges, give details below:

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires: